

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA		6-22-9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SE	TC886	11-07-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	8/8/02
2	✓	✓	8/8/02
3	✓	✓	8/8/02
4	✓	✓	8/8/02
5	✓	✓	8/8/02
6	✓	✓	8/8/02
7	✓	✓	8/8/02
8	✓	✓	8/8/02
9	✓	✓	8/8/02
10	✓	✓	8/8/02
11	✓	✓	8/8/02
12	✓	✓	8/8/02
13	✓	✓	8/8/02
14	✓	✓	8/8/02
15	✓	✓	8/8/02
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29	✓	✓	8/8/02
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46	✓	✓	8/8/02
47	✓	✓	8/8/02
48	✓	✓	8/8/02
49	✓	✓	8/8/02
50	✓	✓	8/8/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions -  
 staple additional sheet here

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8/8/02